Primary Registration District No. 1003 Registration District No. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before 1. PLACE OF DEATH a. COUNTY b. COUNTY VS 300 a. STATE admission) AMENDED Mo Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN St. Louis Yes | No 🏋 Louis c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS 1264 Goodfellow INSTITUTION Homer G. Phillips Hosp Yes 🗗 No 🗌 Yes 🗆 No 🏋 3. NAME OF DECEASED Middle 4. DATE Day (Type or print) OF DEATH Vernon Nov 28 <u>Coleman</u> 9. AGE (last birthday) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE Never Married 🕮 DATE OF BIRTH IF UNDER 74 HR 7. Married Months Widowed [] Divorced [Oct 19. 33 Male Negro 11. BIRTHPLACE (City and state or country) 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) <u>Memohis Tenn</u> 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE S. F. Jennings Rosie Barfield 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) | (If yes, give war or dates of Rosie Howard 1264 Goodfellow No. Nο ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DOCUMENT 10 RECORD IMMEDIATE CAUSE (a) 11 Conditions, If any, which gave rise to above cause (a), Ξ stating the under-13 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING terminal deceased disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Yes 19. WAS AUTOPSY PERFORMED? HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 0 YES | NO. 20c. TIME, OF Month, Day, Year Hour RIBBON INJURY BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK READ **TYPEWRITER** the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c. DATE SIGNED (December or title) ő AFFIDAVIT 23c, NAME OF CEMETERY OF CREMATOR (State) ġ FEMOVAL (Specify) iis County М о. Removal Father Di ş **221 N. Grand Blvd**,

(Licensed Embelmer's Statement on Reverse Side)

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

dent Signed Cliner & Countly	Signature of Student Embalmer Signature of Student Embalmer	dent Signed Oliver & Country	by	, Student Embalmer No
ent Signed (Union & Country)	Signature of Student Embalmer	Signature of Student Embalmer Licensed Embalmer No. 5185	king under my personal supervision.	<i>(A)</i> 4
	· · · · · · · · · · · · · · · · · · ·	Licensed Embalmer No. 5185		Signed (Vliner & Country

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.